REC'D / FILE BY: GQ | REF: CS3/AIG21002700/Gvf3-1

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / [TP RES] / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SKW 25C

Policy No. 2100504067

Claims No. 5871451378SG

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLL 5550R Yr Regn: 30/03/2017

Type: [M.Car] / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: HONDA ODYSSEY 2.4 c.c 2356

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 124517 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMRC1890GC209959 *

Gen. Cond [Good] / Fair / Poor / Burnt

Steering: [Inorder] / Jammed / Leaked / Burnt or

Brake: [Inorder] / Jammed / Leaked / Burnt or

Modi : Nil / [S/Rim] / STD A/Rim or

Tyre Size: F: 215/55R17

R: 215/55R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / [TOYO] YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 19/2/21 D.O.I. 05-08-2021

Survey held at W/S 9AM

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S REAR

The [U/C] / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
16/8/21	Submit LS $2050 (Red 5150,71%)

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2) 16/8/21-Typist

Report Format : TP Res

Lump Sum / LEA :

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($)

[ ] : Interview ($)

[ ] : Tech. Invs ($)

[ ] : Weekend ($)

Survey Fee:

Transportation: S + RS. SI

Photos

Other:

TOTAL